

# *The Caroline County Health Department*

*A State Agency Serving the People of Caroline County*

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## **Invitation to Bid**

Document Scanning Project  
and/or  
Quality Assurance Review



*A State Agency Serving the People of Caroline County*

**Attilio J. Zarrella, Th.D.**  
**Deputy Health Officer**

**November 14, 2016**

## INVITATION TO BID

The Caroline County Health Department (CCHD), a local division of the Maryland State Department of Health and Mental Hygiene (DHMH), is soliciting bids for:

**Bid 1:** The onsite/offsite document scanning of all identified service delivery records located at 403 South Seventh Street Denton, MD 21629 and 606 Sunnyside Avenue Denton, MD 21629.

**Bid 2:** (Optional): A second Bid is being solicited for a Quality Assurance review of the above defined scanned images (Bid 1) to assure a high rate of success (image quality, accuracy, and completeness).

Bidders may bid on one or both Bids on the BID PAGE of this Invitation.

### **BID 1: Scanning Project**

#### **Scope of Work**

The scope of work includes using (Health Department) high speed scanners to scan and process the electronic image into the existing DOCSTAR program/database.

It is expected that the vendor will provide a team of persons (TBD by vendor) to:

1. Obtain the paper files from designated area;
2. Prep individual files for scanning;
3. Perform the actual scanning of the documents within the files;
4. Review the electronic images to assure quality and accurate quantity of images obtained;
5. "File"/Classify the electronic image in the appropriate manner as instructed;
6. Reassemble the paper file in manner instructed;
7. Place the paper file into the correct original sequence; and
8. Transport the lot of files back to their original filing cabinet/area as instructed/needed.

### **BID 2: Quality Assurance (QA) Project: OPTIONAL**

The CCHD will also accept bids, separate or inclusive of the scanning bid, for Quality Assurance and review services of the electronic images of the paper documents scanned.

This Quality assurance process will verify the quality and completeness of the electronic images of the paper files/documents which were scanned.

The sample rate will be no lower than 5% for each scanned batch, but could increase to 10% for certain batches should instances of missing images occur.

#### **Scope of Work (Bid 2) *Optional***

The vendor will employ a small team (TBD by vendor) of persons to randomly sample at least 5% of each identified batch of scanned paper files to assure the image quality and completeness of each document within those identified files. A written report will be issued to the Project Manager or their designee.

The Vendor will be responsible for the movement of the paper documents sampled, assuring their safety in transport to/from their original location.

**Additional qualifiers** (applicable to both bids):

- Supervision must be provided by the Vendor to assure quality of work, time line adherence, and conformance to HIPPA regulations and DHMH Security and Confidentiality protocol.
- Progress/status reports will be made verbally, and in writing to the project manager as requested.

**Project Time line**

If on-site, the project will commence during all or a part of the hours of 9am to 4:00pm Monday through Friday, except at times when the building, the County government, or the CCHD is closed. Off-site hours will be defined by the vendor.

The start date of the project will be as agreed upon by the CCHD and the Vendor.

The end date of the project will be determined as agreed upon by the CCHD and the Vendor.

Estimated time of completion:                    **BID 1:** 1-3 months                    **BID 2:** 1-4 weeks.

**Review of site**

All interested Vendors are responsible for contacting the Project Manager to arrange an onsite visit to review the premises, work site, and documents to be included in the project.

The Project Manager for both Bids is:    Dr. Attilio J. Zarrella  
Caroline Co. Health Dept.  
403 South 7<sup>th</sup> Street  
Denton, MD 21629  
410-479-8035

**MAIL/HAND DELIVERY**

**An original hard copy response to this Invitation can be mailed/hand delivered to:**

The Caroline County Health Department  
406 South 7<sup>th</sup> Street  
Denton, MD 21629

Attn: Attilio J. Zarrella: Procurement CCHD-SP/QA

**Bids must be postmarked/received no later than: December 16, 2016 at the address as listed above AND include a completed original BID PAGE as is included in this invitation.** A detailed breakdown of the Bid page elements may be added as an attachment.

**Late bids will be rejected** and returned to the bidder at the bidder's address as noted on the enclosed paperwork/last known address.

**Contractors Ability:** The CCHD may undertake such investigations or inquiries as it deems necessary to determine eligibility (State Exclusions) and ability of the bidder to perform the work as outlined in their RFP.

The bidder shall furnish the CCHD with all requested information and data for this purpose.

**Payment Terms:**

- Payment will only be made following the receipt of an official ORIGINAL paper Invoice from the bidder who was awarded the contract for services.

- The CCHD is a State of Maryland organization and submits all bills for payment to a central finance office.
- All viable Invoices will be processed locally and sent to central processing for a 30 day payment goal.
- All questionable Invoices will be returned to the vendor immediately for correction/modification.

CCHD must receive an ORIGINAL Invoice for processing; therefore, it may only be hand delivered, or mailed, to:

The Caroline County Health Department  
406 South 7<sup>th</sup> Street  
Denton, MD 21629  
**Attn: Accounts Payable**

#### **Invoice Instructions:**

The *Invoice* **MUST** include the following basic elements:\*

- Date of Invoice
- Invoice Number
- Federal Tax ID Number
- Business name and billing address
- Dates of billable service delivery
- Total Amount due for billable period
- Contact Name & Telephone number

*\* Other information may be requested as needed.*

**Budget Funding:** A Contract made as a result of this bid will be subject to the availability of appropriated funds. If the funds are not appropriated then the Contract will be terminated.

**Immigration Law Compliance:** By submitting and signing a proposal, each bidder hereby certifies that it does not, and if awarded the contract, will not during the performance of the contract, employ illegal workers or otherwise violate any provision of any applicable Federal, State, or Local law concerning the employment of illegal workers, the certification of nationality of worker, or otherwise.

**Non discrimination Policy:** The State of Maryland requires that all vendors in contract with any agent of affiliate of the State comply to, practice, and agree to the following policy in regards to non-discrimination practices among the vendor's employees:

DHMH prohibits discrimination in the delivery of services on the basis of race, sex, age, color, national origin, ancestry, creed, religion or belief, marital status, sexual orientation, gender identity and expression, genetic testing, and mental and/or physical disability. See DHMH service-nondiscrimination policy 01.02.01 which can be found at <http://dhmh.maryland.gov/Pages/op02.aspx>.

#### **Insurance**

Vendors who are awarded this contract will be required to submit a copy of their "Certificate of Insurance" indicating it carries the appropriate insurance coverage.

#### State of Maryland Claims/Torts

The parties acknowledge that the State, DHMH, Carroll County Health Department ("CCHD"), and their units, offices, agencies, and instrumentalities and their officers, principals, agents, servants, employees, personnel, successors and assigns (jointly and severally referred to hereinafter as "the State") retain and do not waive any privileges, immunities, or defenses, including without limitation public official, sovereign, and/or governmental

immunity retained at common law and/or subject to the limited waiver thereof pursuant to SG § 12-101, et seq., (Maryland Tort Claims Act, or “MTCA”), COMAR §25.02.02, and SG § 12-201, et seq., (Actions in Contract). Pursuant to the MTCA, the State Officers and employees of the CCHD, and any State personnel who act without malice and gross negligence and within the scope of their State employment or other public duties are personally immune from suit and liability in courts of the State for torts committed in the course of providing CCHD services pursuant to the Agreement. The parties acknowledge that a local government and its units and employees enjoy the limitations on, and immunities from, liability for tortuous acts or omissions set forth at Md. Code Ann. Cts & Jud. Proc. Art. § 5-301, et seq., (Local Government Tort Claims Act) as well as common law and statutory public official immunity.

Pursuant to SFP § 9-101, et seq. (State Insurance Program or “SIP”), funds are appropriated by the Maryland General Assembly and administered by the State Treasurer to pay limited claims against the State, pursuant to the MTCA’s limited waiver of sovereign immunity. Pursuant to SG §§ 12-401(Payment of Settlements and Judgments -- Definition of State Personnel), et seq., the Parties acknowledge that, subject to certain exceptions and limitations, the Board of Public Works (“BPW”) is authorized to pay wholly or partly a settlement or judgment against any State Personnel, including employees of the CCHD, if any, who act without malice or gross negligence, and within the scope of their public duties and responsibilities, to discharge part of the purpose and sovereignty of the State in connection with this Agreement. In addition to the self-insurance coverage of the State provided pursuant to SFP §§ 9-101, et seq., and SG §§ 12-401, et seq., THE STATE may have or obtain such professional or other liability insurance coverage as THE STATE deems necessary and desirable, and for which funds have been appropriated by the General Assembly expressly for the payments of premiums thereon, but THE STATE shall have no further obligation, except as may be required by law, to purchase any policies of insurance.

#### **Basis of Award**

- A. Lowest price from a qualified bidder as indicated by the total price, for similar Bids, on the *Bid Form* (5pts)
- B. Local Business consideration (in-county) (4pts)
- C. Shortest timeline of project completion (3pts)
- D. Completeness of Bid response as defined within this Invitation (2pts)
- E. Smallest on-site team footprint (1pt)

*The contract will be awarded to the vendor who accumulates the most point values as defined above. Only like/similar contracts will be compared when considering the final award(s).*

#### **Reservations**

The Caroline County Health Department reserves the right to reject any and all bids. The Caroline County Health Department also reserves the right to “show preference to local bidders” as defined in the *Caroline County Purchasing Law §51-10* as allowed through the *State Finance and Procurement Article, §12-109, Annotated Code of Maryland*.

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**BID PAGE FOLLOWS**

## BID PAGE

Vendors may bid on one or both projects individually or joined.

### Bidding Instructions:

- Place a check in the box of your intended Bid
- Complete monetary amount for each of checked box(es).
- Complete the number of team members
- Add lines 1, 2, & 3 on the "Total Bid Price" line (This is your complete official bid amount)

☐ 1. Scanning Project (alone): \$\_\_\_\_\_ (# of Team Members\*\_\_\_\_) [ ] Onsite, [ ] Off-site

☐ 2. Optional: QA Project (alone): \$\_\_\_\_\_ (# of Team Members\*\_\_\_\_)

☐ 3. Scanning Project WITH QA project: \$\_\_\_\_\_ (# of Team Members\*\_\_\_\_)

\* Team members include: on-site scanning staff w/ supervisor

TOTAL BID PRICE.....\$\_\_\_\_\_ (OFFICIAL BID AMOUNT)

### Statement of Bid & Affidavit of Qualification:

The amount as reflected on the "Total Bid Price" line is the all-inclusive amount officially submitted for the completion of the projects as checked off in the boxes in lines 1 – 3 above. There are no additional fees or charges.

I also affirm that I am the (Title) \_\_\_\_\_, and the duly authorized

Representative of (company) \_\_\_\_\_, whose address is

\_\_\_\_\_, and that I possess

the legal authority to make this Affidavit and submission of Bid on behalf of the company for which I am acting.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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+++++ This concludes the Invitation to Bid Announcement +++++